

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044359

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

318  
FILED NOV 30 1962

1003

11170

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

ST. LOUIS, MISSOURI

Length of stay in lb

3 1/2 wks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

COUNTY

White

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Carmi

d. STREET ADDRESS

(If outside, give location)

604 N. Seventh St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

ADA

L.

HILL

NOVEMBER

20

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-9-1896

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practical Nurse

## 10b. KIND OF BUSINESS OR INDUSTRY

Nursing

## 11. BIRTHPLACE (City and state or country)

White County, Ill

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Charles Pomeroy

## 13b. MOTHER'S MAIDEN NAME

James Marian Lofton

## 14. NAME OF HUSBAND OR WIFE

unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

3

## 17. INFORMANT

Address

Bon

Guy Merritt Norris City, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION, SUSPECTED

## INTERVAL BETWEEN ONSET AND DEATH

3-4 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

420.0

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITUS

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from OCT. 24, 1962 to NOV. 20, 1962 and last saw her alive on NOV. 20, 1962

Death occurred at 7:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M. D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

11/20/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11-22-62

## 23c. NAME OF CEMETERY OR CREMATORY

Maple Ridge

## 23d. LOCATION (City, town, or county)

Carmi Twp. White Co., Ill.

## 24. FUNERAL DIRECTOR

ADDRESS

Herman Kittinger 200 S. Walnut Carmi Ill

## 25. DATE OF LOCAL REG.

NOV 20 1962

## 26. REGISTRAR'S SIGNATURE

Glad Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James L. Carson*

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.